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NOTICING AND HELPING THE NEGLECTED CHILD LITERATURE REVIEW

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Introduction

This study is one of a series of projects jointly commissioned by the Department for Children, Schools and Families and the Department of Health to improve the evidence base on recognition, effective intervention and inter-agency working in child abuse and focuses on recognition of neglect. Despite increased awareness of the effects of neglect, recognition of neglect is inconsistent and referrals to services are often triggered by other events or concerns about vulnerable children. This literature review aimed to provide a synthesis of the existing empirical evidence about the ways in which children and families signal their need for help, how those signals are recognised and responded to and whether response could be swifter.

Key Findings

- There is a considerable amount of evidence to assist identifying ways in which children and parents indirectly signal their needs for help. There is far less evidence about how children and parents directly signal their need for help. There is limited evidence to help understand whether parents try and fail to seek help or whether they tend not to seek help from professionals.
- The evidence about parental characteristics associated with neglect was complex and few clear cut pathways identified. The overwhelming effect of poverty was a strong feature as was the corrosive power of an accumulation of adverse factors. The evidence confirmed that neglect affects children's development to an extent that signs should be apparent to professionals. Indirect signs could be identified in a range of settings, for example, in a burns unit of a hospital.
- There are differences between professionals' views of neglect and those of the general public, with the general public setting higher standards for children's care. Operational definitions can affect the number of children receiving a service. Such variations potentially contribute to concerns over different thresholds.
- The most direct evidence of the capacity of professionals to recognise neglect relates to health staff, especially health visitors. The concerns of health staff were not about their capacity to recognise signs of neglect, but rather about the most appropriate response and access to resources for children. Studies of social workers tended to focus on response to referrals.
- There is limited evidence on whether detection could be earlier but some overseas studies suggest it can be done with appropriate training, protocols for communication and provision of support and guidance for practitioners.
- There is very little research about children's and parents' views about how they would seek help, what kind of support would be most helpful and what factors hamper access to support services.

Background

Awareness of child neglect and its consequences on the future well being and development of children has increased during the last two decades. During this time, considerable resources have been deployed to tackling the problem, but not always to best effect. Despite increased awareness of the effects of neglect, recognition of neglect is inconsistent and referrals to services are often triggered by other events or concerns about vulnerable children. This is partly due to a lack of 'fit' between the needs for assistance of parents and children, the way that need is signalled and expressed, and the way professionals respond. Children who are neglected and their parents are unlikely to directly seek help from 'child protection' or 'safeguarding' services or, indeed, more informal 'family support' services offered by the state or other organizations.

This systematic review of the literature examined the evidence on the extent to which practitioners are equipped to recognise and respond to the indications that a child's needs are likely to be, or are being neglected, whatever the cause. It considered published evidence about the ways in which children and families signal their need for help, how those signals are recognised and responded to and whether response could be swifter.

Aims

The primary aim was to contribute to the evidence base that equips practitioners and organisations with the information they need to be able and willing to recognise that a child's needs are not being met, or are in danger of being unmet, and consider themselves to be part of a protective network around children.

The research questions were:

1. What is known about the ways in which children and families directly and indirectly signal their need for help?
2. To what extent are practitioners equipped to recognise and respond to the indications that a child's needs are likely to be, or are being neglected, whatever the cause?
3. Does the evidence suggest that professional response could be swifter?

Methodology

The method was based on systematic review guidelines. The search strategy was devised to locate national and international primary research studies published in English from 1995-2005. A total of 14 bibliographic databases were searched and yielded 20,480 possible items for inclusion. A systematic process of removing duplicates, initial screening, more detailed abstract filtering and scoring for method yielded 63 papers of sufficient quality for inclusion.

Findings

Quality of research

A number of common methodological issues were identified that could help inform further research. For example, there was a tendency for studies to use a range of proxy measures rather than direct observation of the outcome of interest. Many of the studies were small scale, retrospective in design and used qualitative methodology. Only two of the included studies were RCTs. Many studies conflated neglect and other forms of maltreatment and it was often difficult to extract specific messages for neglect. A wide range of different outcome measures were used, we identified more than 74 separate measures across the studies.

What is known about the ways in which children and families directly and indirectly signal their need for help?

Overall our analysis showed that there is a little evidence about the ways in which children and families directly signal their need for help but a considerable amount of evidence to assist with identifying the ways in which needs may be signalled indirectly. There were indications that parents may be able to articulate anxieties about their capacity if asked and that parents who misuse substances are often aware of the potential harm to their children. Children have been shown to respond appropriately to a creative, computer-based self-report method. There was limited evidence to help with understanding whether parents whose children are neglected try and fail to seek help, or whether they tend not to seek help from professionals. The evidence suggested that it should not be assumed that parents or children will seek help in response to experiencing the factors associated with neglect. The evidence about parental characteristics associated with neglect was very complex and few clear cut pathways were identified, although parental substance misuse

was confirmed as an important factor in neglect. Research focused almost exclusively on mothers. The ecological model was confirmed as a powerful framework for locating the range of factors that can signal the potential for neglect. The significance of parental past experiences indicates the need to apply the ecological framework to past as well as to present events. The evidence suggested that children may show behavioural signs of neglect by the age of three. Psychological neglect was shown to be particularly damaging. Again, though, the evidence suggested that it is not possible to pinpoint very specific links between neglectful parenting and particular effects on children.

To what extent are practitioners equipped to recognise and respond to the indications that a child's needs are likely to be, or are being neglected, whatever the cause?

The evidence confirmed that professionals tend to have higher thresholds for identifying neglect than the general public. It was clear that operational factors affect thresholds for both support and for service provision. The most extensive evidence about recognition and response related to the health profession, and in particular health visitors. The evidence suggested that health visitors are very well equipped to recognise the parental characteristics associated with neglect and the developmental signs in children. Their anxieties centred on what they should do as a result of their concerns because of their perception of high thresholds for access to services. There was also uncertainty about the extents and limits of their role. There was a striking absence of rigorous studies into the role of schools and teachers in recognising early signs of neglect. Many studies allude to the importance of schools and teachers; many studies allude to the severe impact of neglect upon cognitive development, but we found very little empirical research on neglected children and the ways in which they engage or not with schools and education. Similarly, the role of the police was explicitly referred to in only one study. This is a gap because many factors associated with neglect are also likely to entail potential police contact with a family.

Does the evidence suggest that professional response could be swifter?

The evidence about the barriers supports the importance of developing more effective integrated approaches to children where all professions regard themselves as part of the child well-being system. The evidence also suggests that protocols and guidelines are not a sufficient spur to response. Human issues such as trust, relationships, communication, anxiety, fear and confidence affect willingness to act on concerns. Many studies referred to the importance of training as a mechanism to raise awareness, but there was very little evidence about the impact of training on outcomes for children. There was evidence that widespread training when coupled with access to on-going consultation and support could increase recognition and referral of child abuse and neglect.

Implications for practice, policy and research

The review of the literature suggested that the current policy initiatives are, in the main, congruent with the emergent evidence base about children's developmental needs and the proximal and distal factors that affect parenting capacity. The review also suggested that many professionals have the knowledge and skills required to respond to children who may be neglected. The area about which there is less evidence is how public and voluntary services can best ensure that children's developmental needs are *met* whatever the level of parental capacity. Finally, the biggest gap in evidence we identified related to the views of parents and, even more, of children. Attempts to develop a swifter response to neglect must be informed by the views of parents and children about what would help. Key messages include:

Practice

- Practitioners from all professions should be proactive in seeking creative and supportive ways to ask people about their parenting concerns, (for example, with the use of structured questionnaires) and children about their experiences (for example using computer-based techniques).
- Assessment should focus on the accumulation of stressors and incorporate an historical element.

- Practitioners now need to develop networks built on trust and mutual aims in order to ensure that children can access all the services they require.
- Practitioners must work closely with parents in determining the levels of risk that parents themselves can often identify
- Health Visitors should continue to draw upon their clinical and assessment skills when working with parents with young children rather than seek the false reassurance of predictive checklists.

Policy

- Resources and guidance concerning best practice in creating trusting environments is needed.
- Policy initiatives aimed to improve engagement with 'hard to reach' parents should be complemented by strategies to ensure that services are not 'hard to access.'
- Policy should prioritise the support of good assessment skills rather than the development of predictive 'tools'.
- As the Health Visitor role in intensive family support develops, a much clearer framework as to the limits and extents of the role will be required.
- Policy that places schools at the heart of early intervention must acknowledge that there is a paucity of evidence about the most effective way for this role to be undertaken.

Research

- The research priority should move from a preoccupation with prediction towards examining the features that contribute to accurate assessment and planning.
- Research with children at risk of neglect should now focus on examining parents and children's views, help-seeking behaviour and effective intervention rather than continuing to delineate the effects of neglect.
- There is potential for research that examines the processes of integrated teams, rather than the large number of studies that focus on team structures.

- There is a need for more research on the role of the police and a comprehensive programme of research aimed at providing schools and teachers with the evidence they need to underpin the pivotal role that is envisaged for them in safeguarding children from neglect.

Additional Information

Further information about this research can be obtained from Isabella Craig, 4FL-ARD, DCSF, Sanctuary Buildings, Great Smith Street, London SW1P 3BT

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The views expressed in this report are those of the authors' and do not necessarily reflect those of the Department for Children, Schools and Families.

Information about other studies which are part of the Safeguarding Children Research Initiative can be found at <http://tcru.ioe.ac.uk/scr/>